

AGONISING OVER ACCESS

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Despite important developments over the last few years, dialysis access remains the Achilles heel of Nephrology. We discuss here the case of one of our diabetic patients who, we feel, exemplifies a problem common to all renal centres.

This 57-year-old lady's trail of dialysis problems started with a clotted AV fistula and repeated infections in tunnelled dialysis lines. She was switched to peritoneal dialysis and then back on to haemodialysis two years later following repeated episodes of peritonitis. Frequent episodes of line sepsis, poor flows and thrombosed vessels followed. An attempt at reinsertion of a tenckhoff at this stage resulted inadvertently in the cannulation of the fallopian tube- a complication which, to our knowledge, has not been reported before. Due to high panel reactivity, transplant was not an option. The major veins of upper part of the body, the right common femoral and the left common iliac veins were blocked. She also had severe peripheral vascular disease affecting both lower limbs.

Hence, six months ago and five years into her replacement therapy, it had seemed that we had finally reached a dead end and this relatively young and active lady's life was threatened due to access failure. At this time, a lifeline was provided in the form an axillary artery-popliteal vein fistula using an 8mm reinforced PTFE jump graft through which she continues to dialyse successfully.

This patient's problems, although very daunting and difficult at times, were by no means exceptional. We feel confident that this innovative surgical procedure offers hope in the future to similar patients who have run out of conventional dialysis access.